

# VIDEO GAMBLING MACHINE

## "REPLACEMENT PERMIT REQUEST"

NEW PERMIT NO \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

DEPARTMENT OF JUSTICE  
GAMBLING CONTROL DIVISION  
2550 PROSPECT AVENUE  
P.O. BOX 201424

HELENA, MT 59620-1424  
PHONE: (406) 444-1971  
FAX: (406) 444-9157

**AN IMPROPERLY OR INCOMPLETE APPLICATION WILL BE RETURNED**

"Type or Print Legibly using Ink"

OPERATOR NUMBER

LIQUOR LICENSE NUMBER (12 Digits)

ESTABLISHMENT PHONE NUMBER

ESTABLISHMENT NAME

OPERATOR: HOLDER OF OPERATOR LICENSE

MAILING ADDRESS: Check if changed

\_\_\_\_\_

\_\_\_\_\_

### MACHINE INFORMATION:

Mechanical Meters Track: Dollar

Credits

TYPE OF MACHINE  
(CIRCLE ONE)

POKER

KENO

BINGO

BILL ACCEPTOR (N/A)

PERMIT NO.

IN

SERIAL NUMBER

PLAYED

MANUFACTURER

WON

MODEL NUMBER

PAID

**FINAL METER READINGS AND AUDIT TAPE ARE REQUIRED  
STAPLE FINAL AUDIT TAPE TO THE BACK OF THIS DOCUMENT**

I request a replacement permit for the above referenced video gambling machine. The original permit was:

Lost in the Mail

Placed on the wrong machine

Lost after receipt

Other (provide explanation) \_\_\_\_\_

I, \_\_\_\_\_, the licensee of the above establishment, swear that if "lost permit" is found, I will return it to  
(Print licensee name) Gambling Control Division immediately.

I understand that I, the licensee, am responsible and accountable for the filing of the quarterly gross income tax report on this machine. Report is due and tax payable from this machines activity up to the date of withdrawal.

SIGNATURE OF LICENSEE/ OFFICER

PRINT NAME OF PERSON SIGNING

DATE

**NOTARY SEAL**

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Personally appeared \_\_\_\_\_

Before me a Notary Public for the State of \_\_\_\_\_

\_\_\_\_\_  
(Notary Signature)\_\_\_\_\_  
(Print Name of Notary)

My Commission Expires \_\_\_\_\_ (Month, Day &amp; Four Digit Year)